

petition after having once experienced its effects. It was usually followed by a warm perspiration extending over the whole body and extremities; and the patients procured more refreshing sleep than after any other opiate. I believe its exhibition never caused head-ache, and it seldom or never produced constipation of the bowels: in upwards of 40 patients who took this medicine, only one complained of constipation. In one case of most excruciating pains arising from irritable ulcers of long duration, the patient procured comfortable sleep, and was entirely relieved of his pains by doses of ʒiv . of this solution given every night at bed-time. This patient is a Greek, who had formerly used large quantities of opium. Another patient with irritable ulcers and severe pains in his limbs always slept well after taking doses of ʒiii . every night. No other patient required a larger dose than ʒii . I have administered this preparation of opium, with great benefit, in the dose of ʒss . twice a day, combined with ten minims of Fowler's solution of arsenic, in some cases of irritable ulcers; and in irritable eruptions of great obstinacy and long continuance; in which many other remedies had previously produced no evident benefit.—*Ibid*.

PRACTICE OF MEDICINE.

27. *Sulphate of Quinine and Tobacco taken as Snuff in the Treatment of Intermittent Head-aches*.—Dr. D'Huc says, that he has employed with success in intermittent cephalalgias, a snuff composed of fifteen grains of sulphate of quinine mixed with an ounce of tobacco. The whole is to be taken during the course of five or six days.—*Rev. Méd. May*, 1833.

28. *On the Employment of Chlorine in Pulmonary Affections*.—The *Transactions Médicales* for February, 1833, contain an interesting article on this subject by Dr. BOURGEOIS. This physician having seen two apparently desperate phthisical patients relieved, without being submitted to any medical treatment, but who resided at a bleaching establishment near St. Denis, the atmosphere of which is impregnated with chlorine, was induced to form a similar atmosphere in the chambers of some young phthisical patients in the Royal School at St. Denis. This medication, though it did not cure these patients, ameliorated their condition, diminished their dyspnoea, promoted sleep, gave them appetite, destroyed the fetor of the sputa, and changed it from sanious to mucous. These advantages lead M. B. to hope that in the earlier stages of the disease it may effect a cure; in those in which it was resorted to by M. B. there were large purulent collections in the lungs.

29. *Iodine in Mercurial Salivation*.—In our last No. we stated that iodine had been successfully employed in Germany as a cure for mercurial salivation. We are now enabled to furnish some further details as given by Dr. KLUGE of Berlin, in *Hecker's Medical Journal*.

"Professor Knod Von Helmenstreitt, in Aschauffenburg, was the first who recommended iodine in mercurial salivation. (See Hufeland's Journal, May, 1832.) As the syphilitic wards of the great hospital, (Charité,) in Berlin, afford numerous examples of this affection, I determined to give iodine a fair trial, and for this purpose I selected seventeen cases, viz. twelve women and five men, all of whom laboured under severe mercurial salivation. Helmenstreitt's first directions were to dissolve five grains of iodine in two drachms of spirit of wine, to which two ounces of cinnamon water, and half an ounce of syrup are to be added. Of this the patient was to take at first half a table-spoonful four times a day, which dose was to be gradually augmented two, four, six, or even eight grains daily. His latter directions prescribed two grains, or even more, the first day, which dose was to be rapidly increased.

"Two young women who lost four or five pints of saliva daily, were cured

in three days by eight grains. One man and one woman got well in four days, having taken ten grains. In two men and four women the ptyalism ceased entirely in six days, during which each had taken from twelve to sixteen grains. In two men and two women the spitting was cured on the seventh day after iodine had been taken to the amount of from twenty to twenty-eight grains. In the latter cases it was, however, remarked, that the great pain of mouth and fætor of the breath were notably diminished after one day's use of the iodine. In two young women the remedy appeared at first to be of little or no use; in both the salivation amounted to three or four pints daily at the termination of the seventh day, and the only advantage gained appeared to be a certain diminution of soreness of mouth. One of these patients was then obliged to desist from the use of the remedy on account of some constitutional symptoms, and I looked upon this case as a failure. This conclusion was however too hastily made, for the good effects of the iodine began to appear on the following day, and on the third day after she had left it off, that is, on the eleventh from the date of its first exhibition, all morbid secretion of saliva had disappeared, and the gums had very nearly recovered their healthy appearance; in short, the patient had recovered, having consumed thirty-four grains of iodine. In the other young woman we stopped the exhibition of iodine on the tenth day, at which time she had taken thirty-six grains, with the effect of diminishing the daily secretion of saliva from five to three pints. On the twelfth day she was well.

"In one girl the accidental occurrence of erysipelas of the face prevented the continuance of the remedy. The use of the iodine did not produce in any one of these patients any disagreeable or untoward symptoms, and as I kept them all for some time in hospital after the salivation had ceased, I have the pleasure of likewise testifying that the cure was not only safe, but permanent."

Dr. Graves of Dublin, has also tried the effects of iodine in arresting salivation, with favourable results.—*Dub. Journ. of Med. and Chem. Sciences*, Jan. 1834.

30. *Treatment of Chronic Bronchitis*.—Dr. CRAIGIE, in an interesting report on the cases treated in the Royal Infirmary, contained in our Edinburgh cotemporary for January last, states that the remedies under which recovery from bronchitis was most readily effected were, blood-letting from the arm to the amount of sixteen or eighteen ounces, followed by the detraction of blood from the chest between the shoulders, by cupping or leeches, or both, or from the anterior part of the windpipe by leeches, blisters between the *scapulæ*, and a mixture of squills and antimony, with opiates. In some Dr. C. found a powder consisting of one drachm of supertartrate of potass, half a drachm or a scruple of carbonate of soda, and ten grains of nitrate of potass, of great use in cases in which there was reason to apprehend, from the scantiness of the urine, that the disease was passing from the bronchial membrane to the submucous tissue, and beginning to effect the circulation of the lungs.

In several cases of the chronic disease Dr. C. tried the tincture of the *Lobelia inflata*; but in one only, in which other remedies were also used with benefit, did it seem to be productive of advantage.

In cases of chronic *bronchitis* of aged enfeebled subjects, with excessively profuse secretion of frothy mucous fluid, Dr. C. found acetate of lead and opium in doses of three or four grains of the former to half a grain of the latter, three times daily, of much use. This remedy required to be alternated with the use of the compound colocynth pill, or a small dose of castor oil every second or third day, according to circumstances, in order to obviate the effects of constipation.

Another agent equally powerful, and not so liable to injure, in the treatment of chronic *bronchitis* with profuse secretion, is according to Dr. C. the sulphate of zinc, with extract of *hyoscyamus* or opium; in doses of one or two grains of the former, to two or three of extract of *hyoscyamus*, and half a grain of opium.

Its effect is not merely to check undue secretion by its astringent power, but

by operating on the capillaries generally, and those of the bronchial membrane in particular, it tends to restore their natural properties, and propel their contents in the proper channels.

31. *Remarks upon the Nature of Neuralgias, and their Treatment.* By M. PROBY.—As the vast majority of neuralgic affections do not terminate fatally, the lesions which they may produce in the nervous tissue, remain as yet almost unknown; and it is impossible for us to decide whether an irritation, or even indeed a hyperemia has, or has not existed. The larger proportion of cases of pharyngitis treated at the hospitals Salpêtrière and La Pitié, though exhibiting a short time before death all the symptoms of this affection, when examined after death, offered no traces whatever of the disease. If such is the case in inflammations of the mucous membranes, may we not with more reason attribute to the affections of the nervous system a similar series of phenomena. The morbid lesion which attacks the nervous trunk, may in like manner affect separately and independently the numerous filaments which enter into its composition, and which are so exceedingly minute, that the anatomist labours in vain to isolate them. How is it possible then, for us to decide upon the different shades or tints which these filaments may assume. This circumstance is deserving of recollection, for it is by the colour of the nervous matter of the brain, that the pathologist pronounces upon the previous existence of inflammation in this organ. The blood-vessels supplying these nervous filaments are also so exceedingly minute, that to be able to appreciate in them a state of hyperemia, it is necessary that they should be enormously enlarged. Moreover, the cellular tissue of a nerve, which connects its filaments to each other, may take on inflammation, and present a red colour, without the filaments themselves being at all concerned. The causes which operate in the production of neuralgic affections, are the same which produce in other organs irritation and hyperemia. A contusion, pressure, violent and sudden muscular contraction, a carious tooth operating as an irritant to the nerve supplying it, an organic lesion of the heart, an articular rheumatism, which, whatever may be said to the contrary, is in fact an inflammation of the joints; a tumour situated upon a nerve, an active inflammation of the surface of the body, extension of the inflammatory action from the intestines to the nerves supplying them, certain movements of the muscles of the head, acting upon some of the neighbouring nerves, extension of the irritation which accompanies cancer, and the pressure which an enlarged gland sometimes produces upon a nerve, are some of the appreciable causes which tend to produce these affections; and although we are unable to seize upon these, or similar ones in all cases, yet we should not conclude on this account, that they were not present, but rather ascribe to the imperfection of our means of investigation, their escape from our senses! The group of symptoms does not distinguish neuralgia from neuritis, only the one is transitory in its effects, whilst the other remains stationary for some time. This is to be attributed to the morbid action resting in the first case at its first or mildest stage, whereas, in the second, it passes on to its second, or most violent degree. Perhaps the one may be considered as bearing the same relation to the other, that a cerebral congestion does to a softening of the brain. This comparison, it is true, does not throw much light upon the nature of the case, for we have yet to form positive opinions relative to cerebral congestions and cerebral softenings; nevertheless, the analogy between the two affections is so strong, that it may be well to make use of the simile. Because the pain is not augmented by pressure, because it assumes various characters, because it may be subject to remissions, and because there is neither redness, heat, nor swelling, nor indeed any of the precursors of inflammatory action present, we must not conclude, that no congestion or inflammation of the nerve exists; for pressure does not always produce pain in cases of congestion or inflammation in other parts. Moreover, the hyperemias which succeed to a lesion of a nerve, or which may accompany it, are subject both to variations in

their nature, as well as to remissions. Again, from the nerve being invisible, it is of course impossible to observe the different changes in colour, the degree of heat, or of swelling which it may undergo; and finally, there are many cases of inflammation, in which none of the precursory or pathognomonic symptoms of this condition show themselves. M. Andral has well observed, that the symptoms given by authors as characterizing these affections, may lead us to mistake a neuralgia for a neuritis, and vice versa. He considers the best means of distinguishing the two affections from each other, to be the augmentation in volume of the nerve affected with neuritis, but unfortunately in the great majority of cases this augmentation cannot be detected. The results of different methods of treatment do not establish more definitely the differences that exist between the two diseases, for it has happened, that in cases which were essentially neuralgias, sanguine evacuations either produced an amelioration of the symptoms, or cured them completely, or changed them from continued to intermittent, and this too as speedily and as effectually as they did in cases which were considered as well marked neuritis. On the other hand, the sulphate of quinine operated very beneficially in a case, the intermittent symptoms of which seemed to be dependent upon neuritis, which had originally been accompanied by a physical lesion of the nerve, (a neuroma.) It most frequently proves useful in those cases in which the previous application of leeches had produced decided relief. Hence, even admitting theoretically, that the neuralgic affections constitute two degrees in the lesion of a nerve, or even that they are essentially different in their nature, it must be confessed, that neither the pathological phenomena, nor the symptoms, nor indeed the treatment, furnish signs sufficiently well-marked to induce us to form very different therapeutic indications for these two morbid conditions.

The same remarks apply to the efforts which have been made to establish a diagnosis between neuromyelitis and neurilemmitis. The observation of Riel has been copied by every one, without its truth having ever been properly ascertained; it would have been much better to have tested its truth by repeating his experiment, and until it is positively shown that the neurilemma of a nervous filament may take on a state of inflammation, whilst the pulp it contains remains unharmed, and vice versa, we cannot give credit to the subtle divisions made of this class of diseases, which divisions were certainly never deduced from sound pathological investigation. The neuromas mentioned by Galen, Valsalva, and Petit, and upon which MM. Dupuytren, Alexander, Boisseau, Beclard, Descot, Andral, Schiffner, and Cruveilhier, have published such important and interesting observations, seem in some cases to be dependent upon the previous existence of some cancerous affection, and in others to result from the morbid action which constitutes neuralgia and neuritis, which affections in turn make their appearance. Their symptoms are the same, though the treatment is different, for in these cases we know positively the situation of the organic lesion, and also that where other remedies have failed, an operation is absolutely required to effect a cure. There are, however, certain distinctions which may be drawn between the neuralgias and the neurites, according to the nature of the causes producing them, or the peculiar nerve attacked. M. Lember, who has published some very useful observations upon the endermic method of medication, is induced to believe from several facts which he has noticed, that certain nerves, which he thinks are more vascular than others, and which preside over the functions of touch and nutrition, such for instance, as the branches of the fifth pair, are more disposed than the other nerves of the body to attacks of neuritis, and less to attacks of neuralgia, and that sanguine emissions are more useful in the first class than in the second. Experience and future observation upon the functions of the different nerves must decide the merits of this opinion. In all cases where the nerve undergoes a morbid alteration sufficiently violent to give rise to symptoms, a peculiar pain, which is propagated through all the nervous ramifications, and which in some cases seems to proceed from the branches to the trunk, manifests itself. The sensation

produced, is that of stiffness or painful numbness, accompanied by a pricking and vibratory feeling, which continues a longer or a shorter period, according to the nature of the circumstances that determine its production. If the exciting cause suddenly ceases to operate, and if the lesion sustained by the nerve has been trifling in its extent, the pain gradually subsides, and in a short time every thing re-assumes its original healthy action. (The pain caused by pressure of the cubital nerve at the elbow-joint, or of the sciatic nerve where it emerges from the pelvis, or in the popliteal space, and that produced by the pressure of the child's head during labour, may be cited as examples of this kind.) If, however, the exciting cause is more violent in its operation, the painful sensations continue for a longer time, or should they perchance abate or disappear for a time, soon return. The exacerbations take place from time to time, and in some cases obey the law of periodicity, for in disease, as well as in health, the nervous functions possess a tendency towards intermission. (The pain caused by a carious tooth, constituting odontalgia, that produced by cancerous tumours in the arm-pit and uterus, which irritate or compress the nervous trunks of the arm and thigh, &c. may be placed among the examples of this species.) In these cases the pain persists as long as the cause producing it continues to operate, and is incurable unless the latter be removed. The pain which is at first confined to the trunk, or filament affected, may gradually extend itself to the neighbouring nerves, (odontalgia following some of the various neuralgias of the face,) or it may make its appearance in several points of the nervous system at the same time. In these cases the secondary neuralgic symptoms may generally be relieved, but it is not until the primitive affection is recognised and eradicated, that we can trust to their non-appearance again. Consecutively to the operation of either a transitory or persistent cause, the nerve may become the seat of a simple irritation, which cannot be conceived to occur, except in cases of anemia or chlorosis, without a congestion of the sanguine capillaries, since all organs in a state of excitation have their capillaries injected. In this case, however, we are obliged to acknowledge the existence of such a state of things, by analogy alone, since it is impossible to examine the peculiar condition of the nerve during life, and if examined after death it does not present the same characters, which it would have done if observed during the existence of pain. Yet in cases of iridian or ophthalmic neuralgia, as soon as the symptoms declare themselves, the eyelids and the neighbouring parts are found to be in a state of congestion; if the disease is confined to this degree of excitement and primitive congestion, we have only a neuralgia produced. When an attack of neuralgia has existed for any length of time, it frequently happens that there exists great tendency to a relapse, notwithstanding the original cause of its appearance has been completely eradicated. It seems in these cases that the system acquires a sort of habit, which it is extremely difficult to overcome. If the cause has operated with violence, or is continued for any length of time, or should the disease be augmented a degree in intensity, an inflammation of the nerve may be the result. The neuritis thus brought about may be either followed or accompanied by hypertrophy of the nerve; by a deposition of blood or pus between its filaments; by the formation of hard or scirrhous tumours in its substance; or of small cysts, the parietes of which are hard, and contain a sort of gelatinous fluid; or of encephaloid degenerations, &c. The pain experienced in the nervous trunk, or in its filaments, is so peculiar in its character, that it is impossible to confound it with any other. *It resembles precisely that which is perceived when the inner side of the elbow-joint is suddenly pressed upon or struck.* In doubtful cases of chronic rheumatism or gouty arthritis, or of musculitis, &c. the absence or presence of this peculiar sensation will decide at once the character of the affection, and it is important to bear in mind this fact in the examination of our patient.

Treatment.—Reasoning from the facts just given, the indications to be observed, and the course to be pursued in the treatment of neuralgias, seems to be as follows. 1st. Endeavour by all possible means to find out the material

or organic cause which has produced, or which is at the time operating in the production of either the neuralgia or neuritis, and destroy it if possible at once.

Examples. (Extract the carious tooth in odontalgia dependent upon its irritating properties; prevent certain muscular movements which seem to operate in the production of the disease; remove tumours situated upon the nerve, &c.) should the organic cause be entirely beyond the reach of our therapeutic agents, (as for instance in cancer of the uterus determining nervous pains,) we must content ourselves with the administration of such palliatives as we may possess. If the disease still persists after the removal of the cause which produced it; or should the cause escape our means of investigation; or the attack be of recent occurrence, or even chronic in robust subjects, and sometimes also in persons of a nervous temperament; it will be well, before resorting to any other method of treatment, to try the effect of antiphlogistic remedies. The extent to which these should be carried, must of course depend upon the quantity of blood the patient can afford to lose; which circumstance may be determined by an examination of his arteries, veins, and capillary circulation, and by the percussion of such organs as are highly vascular, and capable of containing large quantities of blood. General blood-letting which proved so successful in the hands of Cotugno, may occasionally be resorted to; but copious local depletion effected by the application of a large number of leeches along the course of the affected nerve, together with rest and poultices, repeated *pro re nata*, is the course of treatment usually pursued in this stage. Those who doubt the efficacy of sanguine evacuations in such cases, have either not properly studied their effects, or have seen them employed with too much rashness, or with too great timidity. What have we to fear from blood-letting? Is it the momentary debility which it produces? If the precautions which we have elsewhere indicated are observed, the syncope can never become so excessive as to prove dangerous. (*Vide Procede Oper. de la Percussion, &c.* p. 249.) Is it consecutive debility? If, in the first instance, we do not establish in the system a dangerous degree of debility, by extracting too large a quantity of blood, is there any reason why we should anticipate the occurrence of a consecutive one? Is it the tediousness of the convalescence? This will only take place when the patient is confined to a vigorous diet. At La Pitié, where sanguine emissions were carried to a great extent, but the patient at the same time properly nourished, the transition from a state of disease to perfect health, was, in the majority of cases, almost immediate. Moreover, the animals used in the experiments on this subject, and from whom large quantities of blood were extracted, speedily regained their usual quantity of this fluid. We should not, therefore, doubt the importance of blood-letting in these cases, but it is true that it must be conducted with prudence, and with a proper knowledge of its effects. In the hands of those familiar with its powers, it can never prove dangerous; it only becomes so when ordered by the inexperienced and rash. If the symptoms are ameliorated by this plan of treatment, it should be continued; but we must recollect, that although sanguine emissions when early prescribed are not generally productive of danger, it is not so with those used at a later date. We should, therefore, be guarded in ordering a repetition of this evacuation. These remedies alone frequently prove sufficient to effect a radical cure. When the antiphlogistic remedies have been tried without success, and where the disease does not manifest a tendency to assume an intermittent type, we may resort to the application of vesicatories along the tract of the nerve, according to the plan of Cotugno, which in his hands was very successful. The blister should be allowed to remain but a short time in one spot, and must then be applied to another in the neighbourhood. The form of the blister is also of some importance. In general it should be long and narrow, so as to apply itself to the part of the nerve. Almost every practitioner has witnessed the success of this remedy. In several instances, however, the blister has failed to produce the anticipated effect; we may here denude the cutis of its cuticle, and resort to the endermic method of medication. The narcotics, for instance, the acetate, and

particularly the hydrochlorate of morphia, the stramonium, belladonna, henbane, &c. may all be resorted to. In some cases we have found this method prove exceedingly useful, in others again it has entirely failed. A woman of the Salpêtrière had complained for several days of an acute pain in the temple, which seemed to be neuralgic in its character; a blister was ordered to be applied to the part, for the purpose of removing the cuticle, and the denuded cutis to be sprinkled over with a grain of the hydrochlorate of morphia. The day after the application of the blister, the patient expressed himself as entirely relieved. All the benefit derived was attributed to the application of the opium; it was found afterwards, however, that the opium had not been applied, and that the blister alone had effected the cure. To avoid for the future, attributing to the absorption of some remedy, that which is due to the operation of the blister alone, it would be well to apply the blister in a strip of about two lines breadth, and then place the narcotic upon the denuded surface, which of course will be exceedingly small. When the narcotic, opium, for instance, has failed when applied externally in producing its effects, we may exhibit it internally, either in the shape of an enema, or in a draught. These means, however, though they generally produce a momentary alleviation of the symptoms, rarely effect a radical cure. Should the symptoms appear periodically—whether after the lapse of a day or of several weeks, or of several hours, or even less time; if from the influence of sanguine emissions, the disease changes from a continued, with occasional exacerbations, to an intermittent form, we may resort to the administration of the sulphate of quinine in large doses, as if it were a case of intermittent fever! We must not trust to small doses, but give it in doses of ten, fifteen, and twenty grains; the largest dose being given immediately after the occurrence of the attack. If the succeeding paroxysms should be milder in their character, or the interval between them increased, we may either continue in larger doses the sulphate of quinine, or suspend its employment for several days, in order to be able to resort to it suddenly in very large quantities. In some cases it has seemed to me, that a repetition of the local sanguine emission during the paroxysm has been productive of benefit; and that the sulphate of quinine administered immediately afterwards operated more efficaciously upon the approaching attack. In cases of amenia, where the skin and lips are pale, and in young women whose organs contain but little blood, the sub-carbonate of iron sometimes produces the most happy effects, particularly in cases accompanied with irregular menstruation, and where the menstrual blood is paler than usual. Here we must be very cautious how we prescribe sanguine depletion. As the brain, in cases of syncope and anemia, frequently exhibits symptoms precisely similar to those produced by a congestion of its substance, in like manner may the nerves, in cases where there exists a deficiency of blood in the system, should they perchance become irritated, be accompanied by all the symptoms of irritation with congestion. When all our means have failed, and the treatment founded upon rational views of the disease proved unsuccessful, we might then have recourse to empirical remedies. The best to commence with are those which are supposed to operate with most safety to the patient. The pills of Meglin have sometimes proved useful; the essential oil of turpentine has also produced beneficial effects in the practice of M. Martinet. Finally, cauterization of the nerve, as practised by André, or its section which Galen is said to have resorted to, and which Nuck so highly recommends, and which in the hands of MM. Maréchal, Louis, Pouteau, Guérin and Delpech, has produced such varied effects, may be tried. Several very interesting observations upon this latter method of treatment, as well as many important facts in the history of the neuralgia's, will be found in a very remarkable and exceedingly erudite memoir, that has just been published by M. Halliday.—*Gaz. Méd. de Paris*, February 2d, 1833.

32. *Efficacy of Madar, (the powdered Bark of the Root of the Asclepias gigantea,) in Extensive and Obstinate Ulcers in Native Patients.*—A letter from J. L.

GEDDES, Esq. Assistant Surgeon, Madras Service, was read at the Society's meeting on the 4th Feb. 1832, containing the statement of a case in which the madar had proved remarkably successful in the cure of an obstinate ulcer. The patient was a Sipahce, of an Infantry Corps, who appeared to be of a scrofulous diathesis. The disease had existed for a year, and the patient had been at Masulipatam six months, to try the effects of change of air, before he came under Mr. Geddes' care. All former treatment had failed. The ulcer was of an unhealthy appearance: situated on the upper and outer part of the left hip, extending from the trochanter major, over the situation of the gluteus maximus muscle, in a circular form, being in circumference upwards of sixteen inches. The madar was administered in pills, in the dose of four grains, three times a day. By the time that a drachm and a half of the medicine had been taken, the sore assumed a healthy aspect, and began to cicatrize. After a few days there appeared some disposition at the upper part (where cicatrization had taken place) to ulcerate again. The madar was continued until another drachm was taken, and the sore was completely cured. The medicine did not appear to produce any effect on the constitution, except causing the sore to heal. No other remedy, either external or internal, was used at the same time with the madar, except a little simple ointment, which was spread over the surface, to prevent abrasions of the newly-formed skin; and a purgative was occasionally administered, so that the efficacy of the remedy was unquestionable.

A letter from Dr. H. Mackenzie was read at the Society's meeting, on the 3d of December, 1831, relating the case of a native boy, of Sandoway, aged 13 years, who had been ill about twelve months with inveterate ulcers. The bones of the left forearm were bare and in a state of caries; there were numerous ulcers affording a very profuse discharge, and sinuses about the forearm and elbow; the patient was miserably reduced, and unable to stand; he had tried all the ordinary resources of the district without benefit. The madar powder was given twice daily, at first in doses of two grains, and afterwards gradually increased to five grains, twice a day; in which quantity it produced uneasiness and a disturbed state of the bowels; therefore the dose was reduced to three grains. The beneficial effects of this medicine were very evident in a few days: at the end of a week the boy's health was decidedly improved, and the profuse discharges from the ulcers had decreased; the decayed portions of bone were then extracted. At the end of five weeks from the time he began to take the madar, all the sores had healed, and the boy was able to walk about. Dr. Mackenzie ascribes the early improvement of this boy's health, and his ultimate recovery, to the "restorative and invigorating properties of small doses of madar; which remedy was left to produce its individual effects, without the exhibition of any other medicine, capable of modifying them in any degree."—*Transactions of the Medical and Physical Society of Calcutta, Vol. VI.*

SURGERY.

33. *Extirpation of a Necrosed Clavicle, followed by complete Reproduction of the Bone.* By Dr. MEYER, Surgeon to the Hospital of Zurich.—Cases in which complete reproduction of the bone follows the excision of a diseased clavicle, are of extremely rare occurrence. Windmann mentions but one instance of the kind, Meyer two, and Mott one. The following observation is therefore important.

G. Menne, æt. 31, of a feeble constitution, had been subject from infancy to scrofulous ulcerations of the neck. In June, 1823, he was seized with violent pains, resembling the rheumatic in the right arm, for which he was treated by several physicians, but without any relief being obtained. The pain continued to increase; and finally, whilst on a visit to the baths of Baden, a tumour formed in the right axilla, which opened of its own accord, and from which an acrid,